**STUDENT ORGANIZATION**

**ACCOUNTS PAYABLE CHECK REQUEST**

Do not use this form for Employee/Student Reimbursements.

PAY TO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORG. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THE PAYEE OR BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? Yes No

• If yes, a completed and signed W-9 form must accompany this check request form when paying a new vendor.

• If no, please contact one of the people listed above under “Must be approved by one of the following.”

BUSINESS PURPOSE (include dates, location, event description):

**NOTE: It is absolutely necessary to include Co, unit, and account on each form.**

(3) Unit(5) Account(5) Activity Sub-Acct(4)/Category(3)

**\_010\_\_ 99999 62000\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_6.75\_\_\_**

\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ Will Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ Campus Mail: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ Special Instructions:

\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

Total $\_\_\_\_\_\_\_

APPROVED BY: DATE:

**(Deadline to submit request is Noon Monday.)**